

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 education@tdlr.texas.gov • www.tdlr.texas.gov

1000-HOUR CLASS A BARBER COURSE APPLICATION INSTRUCTIONS

To offer a 1000-hour Class A Barber course an entity must first apply to and receive approval from TDLR to offer the course. Each entity looking to provide a Class A Barber course shall provide an application in compliance with Title 9, Occupations Code, Chapter 1601 and all TDLR established guidelines and criteria for a Barber School. The following shall be submitted to the Texas Department of Licensing and Regulation P.O. Box 12157 Austin, TX 78711.

- 1. School Name Enter the official name of the school.
- 2. School TDLR License Number Enter the license number for the school that will be offering this course.
- 3. School Mailing Address and Contact Information Enter the school's mailing address, phone number, fax number, email address and website address. This address is where TDLR will mail all correspondence and may be a post office box. Provide the contact person's name, telephone, number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
- **4. School Physical Address** Enter the physical address of the school. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address. This address will be posted public on the TDLR website
- **5. Course Details** Select the information appropriate to your course details.
- **6. Course Term** Enter the number of weeks and hours per day that instruction will be given to meet the 1,000 hour Class A Barber Course technical requirements.
- **7. Requirement Certification** Certify all requirements to ensure your course meets minimum requirements for a 1,000 hour Course.
- **8. Certification Statement** Application must be signed by the owner, officer or other authorized representative of the business. Be sure to print name, sign and date the application.

Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve an application. During the application review process, you will be notified in writing of any discrepancies/requirements not met.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at www.tdlr.texas.gov or request for assistance via email at shears@tdlr.texas.gov and include attachments as needed.

REQUIRED DOCUMENTS

1

- Completed Application This form must be completed in its entirety where applicable
- Certification Statement You must complete the certification statement by ensuring you meet all requirements, checking each requirement and signing the page.



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 education@tdlr.texas.gov • www.tdlr.texas.gov

1000-HOUR CLASS A BARBER COURSE APPLICATION		
1. School Name:	2. School TDLR	License Number:
3. School Mailing Address and Contact Information: (Used to re	eceive mail from TDLR, PO BOX	is allowed):
Number, Street Name, Suite Number/Apartment Number, City, State Zip Code		School Phone Number
School Email Address School Website Address	School Fax Number	Email Address
Contact Person Name	Phone Number	_
4. School Physical Address: (PO BOX is not allowed)		
Number, Street Name, Suite Number/Apartment Number, City,	State Zip Code	County
5. Course Details:		
I confirm compliance with the curriculum content requ	uirements of 1601.557	
Indicate the method in which student hours will be accrued a	nd reported each month. (Selec	t only one box)
Student's time will be accrued in <u>Clock Hours</u> in accor	rdance with 82.72(w)	
Student's time will be accrued in Credit Hours in accor	rdance with 82.72(x) - (y)	
6. Course Term:		
Detail the course term information for Full-time and Part-Time and hours):	students enrolled in the 1000 c	ourse below (estimated number of weeks
Full-Time Student Term: The course will be number of weeks, number of hours each week for a total of 1,000 hours.		
Part-Time Student Term: The course will be number of weeks, number of hours each week for a total of 1,000 hours.		
7. Requirement Certification: By placing a check in each applicable box below and by my signature, I attest that the required documentation will be maintained and made available to TDLR. All required information and equipment will be provided to all prospective students.		
Course Outline (in accordance with §1601.556, this is you	ur course syllabus)	
Tuition and Fee Schedule (in accordance with §1601.556	6, public secondary schools are ex	xempt)
School's Tuition Refund Policy (in accordance with §1601.556-562-563; public secondary or public post-secondary schools are exempt)		
Attendance Policy and Grading Policy (in accordance wi	ith §1601.556-559-561)	
Withdrawal or Termination Policy (in accordance with §1	1601.564)	
Make-up Hour Policy (in accordance with §1601.556)		
Daily Lesson Plans (in accordance with §1601.557)		
Required Equipment to be provided to students (in accordance with §1601.453 and TAC 82.72)		

8. Certification Statement			
By signing this application, I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, 1601 and 1603; Texas Administrative Code, Title 16, Chapter 60 and the Cosmetology Administrative Rules, Texas Administrative Code, Title 16, Chapter 82. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.			
Signature of Owner and/or Officer	Date Signed		
Printed Name of Owner and/or Officer	Title		